

SUMMARY OF INCIDENT

Investigator:	Team #	Supervisor:
Date of Report: <u>2/23/05</u>	C.C.R.B. No.: <u>9400023</u>	Classification:
Date and Time of Incident:	Date and Time Reported to C.C.R.B.	
Location of Incident:	Precinct	

C O M P L A I N T	<u>Name</u>	<u>STREET</u>	<u>CITY/TOWN/COUNTY</u>	<u>STATE</u>	<u>ZIP CODE</u>
V I C T I M A T T Y					
W I T H E S S	Representing _____				

MEMBERS OF THE SERVICE

RANK	NAME	SUB-JECT	WITNESS	SHIELD NO.	CMD.	TAX REG. NO.	DUTY STATUS	ON	OFF	ASSIGNMENT	RACE
		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>		

ALLEGATIONS

SOURCE

APPENDIX ENCLOSURE NO.

Comp. alleges illegal Search.
 Comp. alleges officer used profane language.

COMMUNICATIONS TO BE ANSWERED:

P.C. Brief

Mayor's Office

Other (specify) _____

CIVILIAN COMPLAINT REVIEW BOARD
Expedited Case Closing Report

Case Number § 87(2)(b)	Date of Incident 1-3-94	Date Reported 1-3-94	F.A.D.O. Category DFA
Complainant: § 87(2)(b)		Initial Contact Letters Sent: <u>1-2-94</u> 5-9-94 Initial Telephone Contact Made: <u>1-2-8-94</u>	
Street Address: § 87(2)(b)		Certified Mail Returned: _____ Regular Mail Returned: _____	
Apt. #	Borough:	Zip Code: § 87(2)(b)	1st Missed Appointment: _____ 2nd Missed Appointment: _____ 3rd Missed Appointment: _____ 1-24-95
Additional Telephone Attempts/Contacts: <u>1-2-8-94</u>		<u>1-12-95</u>	<u>1-18-95</u>
Additional Attempts Via Mail: <u>2-16-95</u>		<u>1-23-95</u>	
Victim: <u>Stone AS</u>		Initial Contact Letters Sent: _____ Initial Telephone Contact Made: _____	
Street Address: <u>Above</u>		Certified Mail Returned: _____ Regular Mail Returned: _____	
Apt. #	Borough	Zip Code:	1st Missed Appointment: _____ 2nd Missed Appointment: _____ 3rd Missed Appointment: _____
Additional Telephone Attempts/Contacts: _____		Initial Contact Letters Sent: <u>1-24-95</u>	
Additional Attempts Via Mail: _____		Initial Telephone Contact Made: <u>1-2-95</u>	
Witness: <u>§ 87(2)(b)</u>		Certified Mail Returned: _____ Regular Mail Returned: _____	
Street Address: <u>§ 87(2)(b)</u>		1st Missed Appointment: _____ 2nd Missed Appointment: _____ 3rd Missed Appointment: _____	
Apt. #	Borough	Zip Code: § 87(2)(b)	
Additional Telephone Attempts/Contacts: <u>1-18-95</u>		Initial Contact Letters Sent: _____	
Additional Attempts Via Mail: _____		Initial Telephone Contact Made: _____	
Additional <input type="checkbox"/> Victim or <input type="checkbox"/> Witness:		Certified Mail Returned: _____	
Street Address: _____		Regular Mail Returned: _____	
Apt. #	Borough	Zip Code:	1st Missed Appointment: _____ 2nd Missed Appointment: _____ 3rd Missed Appointment: _____
Additional Telephone Attempts/Contacts: _____		Initial Contact Letters Sent: _____	
Additional Attempts Via Mail: _____		Initial Telephone Contact Made: _____	
CASE CLOSING RECOMMENDATION			
§ 87(2)(g)			
Investigator: <u>Cooper</u>	Date: <u>3-1-95</u>	Supervisor: _____	Date: _____